

CONSCIENTIOUS OBJECTION IN THE HEALING PROFESSIONS:

A READER'S GUIDE TO THE ETHICAL AND SOCIAL ISSUES

Vaccination

Jere Odell, Rahul Abhyankar, Amber Malcolm, Avril Rua

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Conscientious objection to vaccinations in the United States has been a contentious issue since 1902 when Henning Jacobson refused to abide by the Massachusetts immunization law requiring that all citizens receive the smallpox vaccination.¹ Although the Massachusetts law was passed in 1809, Jacobson was the first objector to bring his case in front of the US Supreme Court. In the landmark decision of *Jacobson v. Massachusetts*, 197 US 11 (1905), the US Supreme Court upheld the authority of states to enforce mandatory vaccination laws. Over 100 years later, conscientious objection to compulsory vaccinations is still a heavily debated issue. Recently objections to inoculation have gained a substantial amount of attention due to the advent of yearly vaccinations for viruses, such as the flu, and vaccinations against sexually transmitted diseases, such as HPV.

Professional Objections

Refusal to Treat - When examining conscientious objection to vaccinations from a health professional's perspective, there are two ways in which a health provider might decide to object. First, a provider might refuse to be vaccinated; and second, the provider might refuse to treat patients that object to vaccination. In medicine, it is more common that a professional will refuse to receive a vaccination, rather than refuse to treat patients who conscientiously or religiously object to receiving vaccinations. In fact, the American Academy of Pediatrics advises physicians to treat patients even if their parents have refused to accept vaccination.² In cases in which trust between the physician and the patient has seriously deteriorated as result of the refusal to consent to vaccination, physicians may choose to end the relationship with the patient, but must give advanced notice and respect the patient's need for continuity of care.³

Refusal to Receive Vaccinations - Under state laws, physicians can refuse to receive vaccination by raising a conscientious or religious objection. Currently, the majority of states (all states except Mississippi and West Virginia) recognize religious, but not conscientious exceptions to these laws. Only seventeen states currently allow conscientious or philosophical objections to

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vaccinations: Arizona, California, Colorado, Idaho, Louisiana, Main, Michigan, Minnesota, North Dakota, Ohio, Oklahoma, Rhode Island, Utah, Vermont, Washington, and Wisconsin.⁴

There are four main reasons why some health professionals refuse to receive the influenza inoculation: 1) religious objection; 2) moral objection; 3) safety concerns; and 4) belief that the vaccination will not work or cause them to get sick. Although objecting under state laws for religious or moral exemption may provide the ability to opt out without repercussion, there are many professional organizations, such as the *Infectious Disease Society* and *American College of Physicians*, which assert that health care workers have an ethical and professional responsibility to be vaccinated in order to prevent the spread of disease.⁵⁻⁸ Further complicating matters, hospital corporations around the U.S. have begun to enforce mandatory influenza inoculation policies. Under these policies, hospital employees who are not immunized each year and do not have a documented, religious exception, may have their employment terminated. Over 300 hospitals now require mandatory vaccinations for employees; similarly, 19 states have laws mandating vaccination for health care workers.⁹ In some cases, employees have been terminated for failure to receive inoculation.^{10, 11}

Patient Objections

In the case of patients refusing to receive inoculation, Insel advocates that physicians should urge patients (or the patient's parents in cases where a minor is involved) to receive vaccination.¹² A 2009 survey conducted by the National Center for Immunization and Respiratory Diseases asserts that 76% of parents trust the information their physicians give them in regards to vaccination-safety.¹³ However, even with a physician explanation about the safety of vaccinations, many patients still object to inoculation due to safety concerns.

Although parental objections to vaccinations due to safety concerns have always existed, objections reached a head in late 1990s after the publication of a study by Andrew J. Wakefield which purported a causal link between MMR vaccination and autism.¹⁴ The paper was retracted in 2010 by the *Lancet* editors who stated "it has become clear that several elements of the 1998 paper by Wakefield et al., are incorrect, contrary to the findings of an earlier investigation . . . therefore, we fully retract this paper from the published record."¹⁵ Although it was retracted and the findings were subsequently found to be fraudulent, this study is still cited by many parents today who refuse to vaccinate their children.

Another issue influencing vaccination policy around the US is the mandatory vaccination of teenage girls against HPV. Gardasil, a vaccine which has been shown to prevent cervical cancer resulting from HPV and genital warts (both health ailments that can be contracted through sexual intercourse), has recently been recommended by the CDC's Advisory Committee on Immunization Practices as a routine vaccination for girls aged 11 to 12, and has been recommended for girls as young as 9 years of age.¹⁶

Mandating or even offering vaccination to young girls against sexually transmitted diseases has proven to be extremely controversial and has resulted in health care professionals refusing to administer the vaccination. Many providers are refusing to administer the vaccine on moral or conscientious claims grounded in a belief that administering vaccination "sends mixed messages

about abstaining from sexual intercourse, usurps parental authority, and increases the potential for development of new health disparities.”¹⁷

Whether it is the physician or the patient refusing to receive the vaccination, refusal to be vaccinated leads to public health concerns and raises ethical questions. In an effort to keep more patients healthy and curb health care costs, health care organizations have begun to require their health care employees be vaccinated for influenza as a condition of employment. Although some organizations have internal policies allowing for conscientious objection, this is not typical, and private health care organizations are not legally required to allow employees to opt out of the vaccination unless the health care provider meets a statutory exception under Federal or State law.

As new vaccinations are developed which provide protection against health ailments that are not merely communal viruses, providers may increasingly raise conscientious objections to either receiving or administering vaccinations. Thus, vaccinations will continue to be a contentious issue as medical science progresses in the future.

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